



VWVA CONFERENCE & TRADE SHOW
Pre-REGISTRATION

February 15-17, 2012 Holiday Inn Select Koger South, Richmond, VA

Option 1 Full Conference registration

Member: \$100.00 per person
Non-member: \$150.00 per person

Includes trade show, Wed-Thurs lunches, the reception, Friday breakfast, and classes.

Option 3 Wednesday registration only

Member: \$50.00 per person
Non-member: \$80.00 per person

Includes lunch, classes & trade show for Wednesday only.
**Does not include the reception*

Option 4 Thursday registration only

Member: \$50.00 per person
Non-member: \$80.00 per person

Includes lunch, classes & trade show for Thursday only.

Option 6 Friday registration only

Member: \$35.00 per person
Non-member: \$50.00 per person

Includes breakfast.

Option 5 Additional Reception tickets \$40.00

◀ Pre-registration closes on February 8, 2012.
Onsite fees will be \$20.00 more per person. ▶

VWVA CONTACT INFO

Phone: 804-482-3586 Fax: 804-525-7799
Email: info@vawaterwellassociation.org
Website: www.vawaterwellassociation.org
PO Box 18 Richmond, VA 23218

Company: _____
Contact Person: _____
Mailing Address: _____
Town: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____

◀ Only individuals listed on
your company VWVA membership
are entitled to pay member registration fees. ▶

Refund Policy: \$35.00 fee; written notification required. No refunds after 2/8/12.

Badge Names Print names clearly. Select option for each attendee. Make additional copies of form as needed.

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|-------|---|---|---|---|---|---|----------|
| _____ | 1 | 2 | 3 | 4 | 5 | 6 | \$ _____ |
| _____ | 1 | 2 | 3 | 4 | 5 | 6 | \$ _____ |
| _____ | 1 | 2 | 3 | 4 | 5 | 6 | \$ _____ |
| _____ | 1 | 2 | 3 | 4 | 5 | 6 | \$ _____ |
| | | | | | | | \$ _____ |

Membership application attached to this form.

Check if applies

Total Due: \$ _____

Payment with Check: Payable to VWVA. Mail with form to P.O. Box 18, Richmond, VA. 23218

Return check fee \$30.00.

Payment with VISA, Mastercard or AMEX: Complete information below and fax form to 804-525-7799

Circle one: VISA Mastercard AMEX Amount of credit card payment: \$ _____

Cardholder name (as on card): _____ Does company name appear on card? **Yes** **No**

Card #: ____ / ____ / ____ / ____ Exp. date: ____ / ____ Signature: _____